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Biological & Medical Serials

Ophthalmic Literature

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Ophthalmic Literature

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PRIVATE TEACHERS OF OPHTHALMOLOGY.

To learn by doing is the final and supreme method in medical education. In any branch of medicine a high degree of skill is reached only in this way. The student begins by accumulating information. But even from the outset of the medical course, in the dissecting room or the laboratory of histology, he should be learning by practice of the manipulations in which he hopes to acquire skill. When the course culminates in the clinical year, his whole time is given to the doing of the things he is trying to learn.

So far as possible it should be the aim of all educational institutions and teachers to have the student do, under expert guidance, everything that he expects to make a part of his life work. The great difficulty lies in the fact that the relation of patient and advisor is essentially an individual one. To give advice regarding a particular condition, the patient needs one physician; to perform a particular operation, direction and responsibility must rest on one surgeon. In some great clinics are to be found patients, who, to meet the needs of students, make somewhat of a business of submitting to a certain examination over and over again. But it must always remain that those who attain high skill in any field of medical practice get much of that skill by the treatment of their own patients.

It is in every way desirable that every recruit to the ranks of the medical profession should be carried as far as possible toward complete efficiency, before he is left to learn what more he can from practicing on his own patients. This is desirable from the point of view of the student, for the highest efficiency, influence and standing of the medical profession, and for the health interests of the public. All this is as true regarding education in ophthalmology as in any other department of medical education.

The recent awakening and activity with regard to the training of the specialist has been due to a realization that this training might be and should be carried well into the domain of his special work, before the practitioner is left wholly to the education of his own practice. In ophthalmology for more than fifty years individual students have sought opportunities in the European clinics, internships in ophthalmic hospitals, or positions as assistants in eye clinics, to gain special and advanced skill, before depending wholly on their past acquirements and powers of self-education; and the superior success of those who have done this has attested the educational value of the method.

It is realized now that many more well-educated specialists are needed, that such opportunities have in the past been able to supply. There is no doubt but that increased activity in graduate teaching, and special courses arranged for small classes of students, can assist

greatly in meeting the general need. But any instruction in classes of more than one, fails to give the proper opportunity for each student actually to do the thing he wishes to learn to do. A half dozen students may be able to watch a teacher demonstrate an operation, or the head of a clinic actually perform it on a patient; but the demonstration amounts to little unless each student can afterwards take the instruments in his own hands and perform the same operation for himself upon the cadaver or the animal's eye. And the actual watching of the operation on the patient, even at the operator's elbow, is far inferior to the best training, the doing of the operation by the student with the teacher to instruct and criticize.

Some realization of this has been the underlying motive that has stimulated the reaching out for "abundant clinical material." Yet unlimited "clinical material" has little value, unless there is time and organization to make the best use of it. The ideal condition is only reached when each patient is actually examined, advised and treated by the student; while for each student and patient an instructor stands by to guide and criticize.

Of course no large clinic could be conducted on such a basis, without enormous extension of its teaching staff, as well as its facilities in the way of rooms and apparatus. Probably in every important center of clinical teaching in America, and to a still greater extent elsewhere, the mass of clinical material in the public clinics is greatly in excess of the provisions made to utilize it. The increasing resort of patients to such public clinics is almost an unmixed evil in the community. Certainly the routine disposal of crowds of patients infringes on the time and energy that might well be given to teaching students.

When the student has been educated, it is expected that he will do his life work, and win from the community the support of himself and family in private practice. Why should he not, so far as possible, get his education in private practice? His highest attainments will generally be reached in no other way. Would it not be better, so far as possible, for him to learn under skilled supervision from private patients, than to learn from private patients under no supervision at all? Preparation by serving as the assistant of a skilled ophthalmologist and conscientious teacher must be recognized as one of the most important methods of preparing for the practice of ophthalmology. The clinical material dealt with is in every way as good, and in some respects is more favorably situated than that encountered in the public clinic. More complete case histories are obtainable, the possibilities of effective treatment are better; the cases remain under observation more frequently to the end than they do in the public clinic. More time can be given to the thorough study of every case. There is an additional motive to do the best possible that can be done for the patient. The attitude of habitual indifference to the personal interests of the patients, sometimes acquired by the worker in a public clinic, is opposed to scientific thoroughness as well as to financial success. It is not so likely to be developed in private as in public practice.

But the advantages of using private practice as a basis for instruc-

tion are not wholly with the student. The presence of one who is capable of comprehending and judging the examination that is going on has the same tendency to keep the ophthalmic teacher alert, thorough and cautious, in the private office as in the public clinic. To every practitioner who achieves a busy practice comes an immense amount of routine work that could be done as well by his advanced student with great benefit to both; and by keeping the senior fresh to deal with the more difficult problems of the case, with equal benefit to the patient.

This association of the established practitioner and the young man endeavoring to prepare himself for special practice has its important economic reasons for existence. Its educational importance needs to be equally recognized; by the student seeking ways to best fit himself for his chosen specialty; by the practitioner whose continued scientific development and highest success depend on keeping in touch with others working on the same lines; and it must also be recognized in any general scheme for supervising the education of ophthalmologists.

MERGER OF JOURNALS.

In the issue of **La Clinica Oculistica** for November–December, 1915, received during the past month, we find the announcement that beginning the new year, this journal edited by Prof. Speciale Cirincione, of Rome, and the **Annali di Ottalmologia,** edited by L. Guaita, of Florence, and R. Rampoldi, of Pavia, will be merged into a single journal, to be called the **Annali di Ottalmologia e la Clinica Oculistica.**

The **Annali** was established forty-three years ago by Antonio Quaglino. The **Clinica Oculistica** has just completed its fifteenth year. The announcement calls attention to the new life for all branches of the higher learning that is expected to begin in Italy with the ending of the present war, in which medical and biologic science will participate, and to prepare for leadership in the new movement this combination has been arranged.

The new journal will be under the direction of Rampoldi and Cirincione. In the last dozen years there has been a distinct revival and extension of interest in the scientific aspects of ophthalmology noticeable in the Italian journals. The plates, with which many Italian articles are illustrated, do credit to the artistic sense of the nation as well as the scientific activities of its ophthalmologists. The example of a union of interests and plans might be imitated with great advantage by ophthalmological publications in America.

OPHTHALMOLOGICAL MEETINGS FOR 1916.

The continuance of the war will doubtless prevent any meeting of the Société Française d'Ophtalmologie, or the Ophthalmologischen Gesellschaft in Heidelberg this year. But the British Society and the Oxford Congress, which held successful meetings last year, have undertaken their regular meetings for 1916. The following are the dates

and places of meeting for the different national societies, so far as known at present:

Ophthalmological Society of the United Kingdom, London, May 4, 5, 6.

American Ophthalmological Society, Washington, D. C., May 9, 10.

American Medical Association, Section on Ophthalmology, Detroit, Mich., June 13, 14, 15, 16.

Oxford Ophthalmological Congress, Oxford, England, July 13, 14.

Colorado Ophthalmological Congress, Denver, Colo., August 1, 2.

American Academy of Ophthalmology and Oto-Laryngology, Memphis, Tenn., December 11, 12, 13.

BOOK NOTICES.

Peter, L. C., Principles and Practice of Perimetry. 232 pages, 8vo. 119 illustrations. Philadelphia and New York: Lea and Febiger. 1916. Price, $2.50.

It is a pleasure to call the attention of practical workers in ophthalmology to a book of such real value. This seems to be the first book on the subject published in the English language, and it raises the question why has such an important field been left unoccupied? It suggests the suspicion that in the broad domain of ophthalmology there may still be many opportunities not yet recognized to work up a limited subject and produce a monograph that will be of broad and permanent usefulness to our profession.

Peter divides his book into parts, the first of which, termed introductory, deals with definitions and the factors that influence the size and shape of the normal field. In the second part he takes up the methods of examining the fields, autoperimetry, the hand method, the use of the campimeter and perimeter, and the charts used for recording the field. The third part deals with the anatomy and physiology of the visual tract, starting with the anatomy of the rods and cones and progressing back to the cortical centers. In the fourth part the general pathology of the visual field is taken up; scotomata and changes in form and area of fields for form and colors. Part five, which occupies over eighty pages, deals with the special pathology of the fields of vision, starting with diseases of the choroid and retina, then of the optic nerve tracts, and finally of the centers. Part six is given to fields in functional nervous diseases—hysteria, neurasthenia and migraine. An appendix discusses the use of the perimeter to study the field of monocular fixation, the degree of strabismus, the presence of diplopia and the location of foreign bodies.

A bibliography that occupies fourteen pages does not purport to be complete, being rather limited to monographs and papers resulting from the study of large numbers of cases. Among the papers noticed, those which are accompanied by an important bibliography are especially indicated. In this way the student has a direct path opened to the broader study of the original sources of the work. In arranging the subject matter in the book, in the order which has been most helpful to his students, the author has succeeded in giving it a form that will be found attractive and convenient by the practicing ophthalmologist, who often can use it with advantage as a work of reference. Indeed, many of us who have picked up most of our knowledge of the subject from scattered sources, would gain a better command of it by a careful reading of this systematic treatise.

In its general appearance and mechanical execution this book is very satisfactory. Its print is clear, the type of good size; the illustrations are neat as well as appropriate and instructive. The proof-

reading has been good, except in the bibliography, where the errors are in excess, even for a bibliography.

American Encyclopedia of Ophthalmology, Volume VIII. Edited by **Casey A. Wood,** assisted by a large staff of collaborators. Pages 5574 to 6418. Fully illustrated. Chicago: Cleveland Press, 1916. Price, $6.00 per volume.

With the completion of the eighth volume, extending this book to page 6418 and including "Institutions for the Blind," the greatness of the undertaking must be pretty strongly impressed upon the editor and publishers of the Encyclopedia. But we believe it is yet inadequately appreciated by English-speaking ophthalmologists in general. A good-sized review of this volume could be taken up with calling attention to its defects, as would be possible with any other volume of its size ever published. But it will be of greater service to our readers and the profession to occupy the space with an effort to bring about a better appreciation of its essential character.

Again we want to emphasize the fact that it is a book in a class wholly by itself. The complete "systems" of ophthalmology, like that of Norris and Oliver, or the Graefe-Saemisch-Hess Handbuch, while they contain original monographs of the highest value, are still very inferior to the encyclopedia as books of reference for the busy practicing ophthalmologist. The "systems" are differently arranged, and generally inadequately indexed, so that to look up a particular point many pages must be read or looked over. The alphabetical arrangement of an encyclopedia serves as a guide to bring the student most directly to the fact he wants to know. If adverse criticism is to be offered on this point it would be that the encyclopedia had not gone sufficiently far in this direction; not so far in advance in this respect as one might desire. But the division of matter under very carefully chosen heads to render possible its alphabetical arrangement, has probably been carried just as far as was possible with the means at command. We believe in the mind of the careful student this work will always excite wonder that the effective energy of its editor and the courage of the publisher could carry the new departure so far.

But it has a real value apart from the improved arrangement of knowledge. Like the "systems" above referred to, it has stimulated the production of papers, which, if published alone, would be additions of notable value to the literature of ophthalmology. For instance, the sixty-four-page article on "Heredity in Ophthalmology," by George F. Libby, while it draws largely upon the work of Nettleship and his colleagues, gives a more rounded and systematic survey of its subject than has previously existed in any language. It constitutes a thorough, complete treatise, illustrated with pictures of the conditions described, diagrams and charts of pedigrees, that give it the highest value to the reader; whether he be a student approaching the subject for the first time, or a practitioner desiring to extend his knowledge in a certain particular direction.

Among other notable sections in the present volume are those on "Heliotherapy," "Hemeralopia," "Hemianopia" and "Institutions for the Blind," all apparently written by the editor. The article on "Histology of the Eye," occupying twenty-three pages, has been written by S. H. McKee, of Montreal; the one on "Homeopathy in Ophthalmology," by John L. Moffat, former editor of the homeopathic Journal of Ophthalmology, Otology and Laryngology. "Hospitals, Ophthalmic," a section of twenty-seven pages, has been contributed by T. A. W., presumably Thomas A. Woodruff. "Illumination," twenty-seven pages, has been discussed by J. R. Cravath, vice president of the Illuminating Engineering Society; and the section on "Injuries of the Eye," which occupies 166 pages and is lavishly illustrated (including eight colored plates), is from the pen and brush of H. V. Würdemann.

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Abstracts From Foreign Journals

Sattler, C. H. Development of Medullary Sheath in the Optic Tract, Chiasm and Optic Nerve. (Graefe's Archiv für Ophthalmologie, vol. 90, p. 271.)

The development of the medullary sheath in the optic nerve, the chiasm and the optic tract was studied in twelve human fetuses and new-born children. In fetuses of from thirty-seven to forty-five cm. length, medullary nerve fibers were abundantly present in the optic tract, sparingly present in the intracranial part of the optic nerve, and absent in the intraorbital part of the optic nerve. At the time of birth the medullary nerve fibers have in some individual cases advanced nearly to the lamina cribrosa. The degree of development of the medullary sheath is subject to considerable individual variation.

Confirmation is offered for the recent conclusion of Bernheimer, that from the part of the optic tract which is in proximity with the chiasm to the eyeball the development of the medullary sheath occurs from the central organ towards the periphery. The medullary fibers in the eighth fetal month have an average thickness of less than one micron, the strength increasing with age. In the new born the optic nerve contains still more delicate fibers than the tract. At the time of beginning development of the medullary sheath the glial tissue seems to be especially rich in lecithin granules. The young medullary sheaths are demonstrated at the time of their first appearance, not in the form of a closed tube, but in the form of fine lecithin granules deposited around the axis cylinder; in man, in the rabbit, in the guinea pig and in the mouse in like fashion.

Snowball, T. A. Case of Congenital Bilateral Abducens and Facial Paralysis. (Graefe's Archiv für Ophthalmologie, vol. 90, p. 155.)

The patient was a girl of 11 years. At the age of 11 months it had been noticed that her face was drawn to one side. She had been slow in learning to talk, and also in obtaining control of her limbs. Squint was first noticed at the age of 18 months, and this condition, and also an incomplete ability to close the eyelids, had steadily grown worse. Both eyes were in a position of convergence, the left more than the right; and in straightforward gaze at a distant object the left eye was slightly higher than the right. Raising and lowering of the eyes were normal, but their relative positions remained unchanged. If the patient was directed to look at an object three inches before the eyes, after looking at a distant object, only the right eye converged slightly, and only upon an urgent command to look steadily at the finger did the left eye also converge. On attempting to follow an object in the left half of the visual field, the right eye reached the inner canthus, while the left eye was slightly adducted. The pupils were normal in size and reaction. The corrected vision of the right eye was 6/6 and of the left eye 6/9. The fundi showed slight pigmentary disturbances. The muscles of the left side of the face were completely paretic, but on the right side the paralysis was limited to the frontalis and orbicularis muscles. There is little doubt that the weakness of the ocular muscles as well as the facial paralysis had existed since birth.

Von Hippel, E. Further Studies as to Keratoconus With the Abderhalden Dialysis Method. (Graefe's Archiv für Ophthalmologie, vol. 90, p. 173.)

Thirty-four cases of keratoconus have been studied by serologic methods. Detailed accounts of a number of these cases are given. Reference is made to the possibility of error in the use of the Abderhalden method. Six of Von Hippel's cases gave a completely negative reaction, twenty showed multiple reactions, one showed a reaction for the thyroid gland only, and seven gave a positive reaction only as regards the thymus. In the whole series a positive reaction was obtained most frequently as regards the thymus (25:34), then follows the thyroid (17 + 2 (?) :34). The combination of thyroid and thymus in the same case was found fifteen times, omitting the two doubtful thyroid cases.

Of the remaining organs, a positive reaction was obtained most frequently as regards the suprarenals. In all of twelve cases which showed multiple reactions (three or more organs), without exception both thyroid and thymus reacted positively. Of the six cases with completely negative reaction, in one the keratoconus was probably congenital, so that any formerly existing anomaly of one or more of the glands of internal secretion might have been compensated for long ago. In two other cases the keratoconus was also of very long standing. In two further cases it was impossible to obtain adequate clinical information; and in the remaining case the keratoconus was of short duration and was still progressing.

Von Hippel, E. The Abderhalden Dialysis Method in Glaucoma and Some Diseases of the Optic Nerve. (Graefe's Archiv für Ophthalmologie, vol. 90, p. 198.)

Von Hippel was led to take up this study by the work of Sulzer and Agrignac, in which it is claimed that in glaucoma an anomaly of metabolism of the liver and kidneys is regularly present. If this claim is correctly made, it would seem probable that protective bodies against the liver and kidneys would be found with increased frequency in cases of glaucoma. Von Hippel found, however, that this was not confirmed in a single case, but that the liver and kidneys without exception gave negative reactions. He then proceeded to study glaucoma cases with regard to the reactions obtained from the organs which play the principal part in disturbances of internal secretion. The cases studied were only those which had been diagnosed unmistakably as cases of acute and chronic glaucoma.

The thyroid and thymus were absolutely in the lead in these tests, positive reactions being only exceptionally obtained as regards other organs. Of thirteen positive reactions relating to other organs, only one was from the liver (a case of diffuse hyperplasia), and only one from the ovary. The remaining eleven positive reactions referred to the suprarenals and pancreas. The reactions as regards the thyroid and thymus were confirmed in a striking proportion of all the cases by the clinical findings, including palpation, percussion, the lymphocyte count and skiagraphy. The presence of pathological conditions in the thyroid, thymus and in the blood picture is quite consistent with the ordinary conception of "health." Of twenty-three cases of glaucoma, in only two was such a pathological condition absent, and in these two it has been impossible to study the blood picture and to make an X-ray examination. In the four cases of optic nerve disease the pathological condition was particularly well developed.

As regarded therapeutic deductions from these facts, unfortunately the prospects from organo-therapy seem but slight. Only in quite early stages of glaucoma simplex, such as may be diagnosticated with the aid of the tonometer in the "second eye," would it be proper to make such attempts without at the same time applying the recognized

methods of treatment. Similarly, operative procedures on the thyroid and thymus could only be considered in the early stages. Rather more hopeful is the outlook in the cases of optic nerve disease, since in two of Von Hippel's cases there was clinically present a distinctly recognizable polyglandular syndrome.

Wolffberg. Contribution to the Visual Acuity Test According to Snellen. (Graefe's Archiv für Ophthalmologie, vol. 90, p. 249.)

Wolffberg refers to the well-known fact that the same line of letters on the usual card of test type contains some letters which are easy and some which are hard to recognize at the same distance, and that it sometimes even happens that while the patient fails to read some of the letters on a line of larger type, he may be able to read at the same distance letters on a line of smaller type. This is due to a variation in the visual angle at which the essential parts of different letters are perceived. In accordance with the principles of the Snellen test, however, this angle is never less than 1′ and never greater than 5′.

These extremes of the visual angle used in the Snellen optotypes are combined by Wolffberg as follows: On one side of a card is a solid, straight line whose width is exactly one-fifth of its length; on the other side a similar line beyond one end of which, at an interval exactly corresponding to the width of the line, is a square point whose diameter is also the same as the width of the line. To accord with the optotypes which at six meters yield a visual acuity equal to 6/6, the width of the line and point will be 1.8 mm., and the length of the line five times as much. (Wolffberg's article gives the visual acuity upon which this measurement is based as 5/6, which is obviously, however, a misprint for 6/6.) The patient who is able to recognize the point in this test at six meters will also be able to read the difficult letters of the Snellen line 6/6; while the patient who can only see the line and not the point at six meters will only be able to read the easier letters of the same row.

Wolffberg has found in practice that this line-point test gives a satisfactory certainty. He claims that it is simpler than any other test for illiterates; although it will never excel the letters and numbers in simplicity. As regards the clinical application of the test, he first shows the patient at close range the six-meter test object, pointing out to him the fact that on one side of the card is the line and on the other the line and dot. The test is particularly adapted for use in schools, because it is impossible to deceive by learning the objects by heart.

Zade, M. Anaphylaxis and the Eye. (Graefe's Archiv für Ophthalmologie, vol. 89, page 459.)

The results of experiments upon guinea pigs are described, and the following conclusions are stated: By intracorneal sensitizing of guinea pigs it is possible to make them anaphylactic for intraperitoneal reinjection. After a single intracorneal injection of horse serum in guinea pigs there occur more or less severe keratitides, of not more than four days duration; in two cases a late keratitis occurred. The albumen of hens is tolerated by the guinea pigs cornea without reaction. After intracorneal sensitization no definite local anaphylactic effect was produced by local reinjection. The late keratitis produced is a severe deep keratitis with vascularisation, and is possibly of anaphylactic nature.

Birch-Hirschfeld, A. Case of Carcinoma of the Orbit. (Graefe's Archiv für Ophthalmologie, v. 90, p. 299.)

The patient, a woman of thirty-five years, complained of violent pains in the head, following a collision of the temporal region with an open door; with later development of double vision, exophthalmus,

and swelling of the eyelids. There was chemosis of the conjunctiva of the eyeball. For some time the diagnosis was uncertain as between an orbital tumor and an inflammatory condition. The further history of the patient included an increase in the severity of the pain, which was located sometimes in the temples and sometimes in the occiput; increasing exophthalmus; and slight hyperemia of the optic disc. An exploratory operation in the orbit gave practically no information. Three days after the operation there was a great increase in the exophthalmus, the chemosis and the pain, and the vision had fallen to 6/60, the opthalmoscope revealing a distinct swelling of the optic disc.

Exenteration of the orbit a few days later was followed by only temporary relief from pain, and examination of the orbital contents showed the presence of a carcinoma of peculiar structure which reached almost to the eyeball. In spite of the use of radium, a tumor developed in the temporal region of the same side. The patient died six months later. At autopsy an extensive tumor was demonstrated in the right temporal lobe of the brain, extending along the base of the brain to the hypophysial region and infiltrating the Gasserian ganglion; and which had also broken through the temporal bone and involved the temporal and masseter muscles. In the orbit the structure of the tumor was not compact, but consisted of numerous small tumor nodules. The peculiarity of the case consisted in the fact that a carcinoma originating in the vicinity of the hypophysis, without producing cerebral symptoms, had extended by way of the orbital veins to the orbital cavity, where its progress combined with inflammatory symptoms which dominated the clinical picture. The tumor in the temporal region showed very little sign of any effect having been produced by the radium therapy.

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